RI SOS Filing Number: 202568697900 Date: 4/1/2025 9:39:00 AM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2015

Non-Profit Corporation Filing period February 1 - May 1

REC'D 25 APR	
1065 350 . 8:8:82:40	

→ Penalty: Additional \$25.00 fee If	form is not filed by	May 31.						
1. Entity ID Number 000150822	2. Exact name of the Corporation Rhode Island Theater Education Association, Inc. (RITEA)							
3. State of Incorporation Rhode Island 4. NAICS Code 711110	5. Brief description of the character of business conducted in Rhode Island PROMOTING AND STRENGTHENING EXCELLENCE, ACCESS, CONFIDENCE AND EDUCATION IN THE THEATRICAL ARTS FOR SCHOOL STUDENTS AND TEACHERS OF RHODE ISLAND							
6. Principal Office Address 2615 Warwick Ave			City Warwick	State RI	Zip 02889			
7. List ALL officers (names and addresses)			Check the box to indicate an attachment					
President Name Richard Sylvia			Vice-President Name Terrence Murray					
Street Address 27 Old North Road			Street Address 85 Jacksonia Drive					
City Coventry	State RI	^{Zip} 02816	City North Providence	State RI	Zip 02911			
Secretary Name Gail Frappier	Treasurer Name Isabella Bennett							
Street Address 200 Heroux Blvd, #1604			Street Address 40 Harrington Road					
City Cumberland	State RI	^{Zip} 02864	City North Kingstown	State RI	Zip 02852			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to Indicate an attachment								
Director Name Gail Frappier			Director Name Isabella Bennett					
Street Address 200 Heroux Blvd, #1604			Street Address 40 Harrington Road					
^{City} Cumberland	State RI	^{Z₁p} 02864	City North Kingstown	State RI	Zip 02852			
Director Name Richard Sylvia			Director Name Terrence Murray					
Street Address 27 Old North Road			Street Address 85 Jacksonia Drive					
City Coventry	State RI	^{Zip} 02816	City North Providence	State RI	Zip 02911			
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.								
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.								
This report must be signed by either the Pres	ident, Vice-President, S	ecretary, Assistant Se	cretary, Treasurer, duly Authorized Representa	ive, Receiver or Truste	ø. 			
Name of Officer/Authorized Representative Julia Paolino				Date 03/29/2025				
Signature of Officer/Authorized Rep	resentative							
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MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Phone: (401) 222-3040 Website: www.sos.ri.gov	island 02904-2615		FILED APR 0 1 2025 BY 6 8 7	FORM 631- Re	39 AM visad: 12/2023			

MAIL TO:

Phone: (401) 222-3040 Website: www.sos.n.gov